

STATE OF NEW YORK, COUNTY OF BRONX

SS:

I, the undersigned, an attorney admitted to practice in the courts of New York State,

certification  
by Attorney  
Attorney's  
affirmation

certify that the within  
 has been compared by me with the original and found to be a true and complete copy.  
 state that I am  
 the attorney(s) of record for  
 action; I have read the foregoing  
 to my knowledge, except as to the matters therein  
 alleged to be on information and belief; and as to those matters I believe it to be true.  
 The reason this verification is made by me and not by

in the within  
 and know the contents thereof; the same is true

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:  
 I affirm that the foregoing statements are true, under the penalties of perjury.

DATED:

The name signed must be printed beneath

STATE OF NEW YORK, COUNTY OF BRONX

SS:

I, the undersigned, being duly sworn, depose and say:

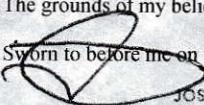
individual  
verification in the action; I have read the foregoing

and know the contents thereof; the same is true to my own  
 knowledge, except as to the matters therein stated to be alleged on information and belief,  
 and as to those matters I believe it to be true.

corporation the President of TWIN 161 CORP. (d/b/a BLIMPIE)  
verification

corporation and a party in the within action; I have read the foregoing  
 and know the contents thereof; the same is true to my knowledge, except as to the matters therein stated to be alleged upon information and belief,  
 and as to those matters I believe it to be true. This verification is made by me because the above party is a corporation and I am an officer thereof.

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

  
 Sworn to before me on the 19 day of January, 2018

JOSEPH A. ALTMAN

STATE OF NEW YORK, COUNTY OF Bronx

ss:

(if more than one box is checked - indicate after names type of service used)

I, the undersigned, being sworn, say: I am not a party to the action, am over 18 years of age and reside at

904 E. 169<sup>th</sup> Street Bronx NY 10459

My Commission Expires July 31, 2018

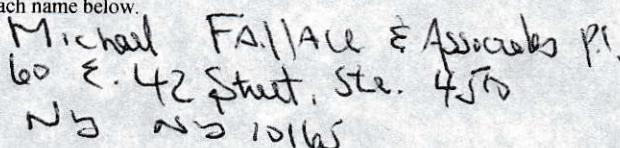
The undersigned Attorney and Counselor-at-law, duly admitted to practice law in the Courts of the State of New York, affirms,  
 under the penalty of perjury that:

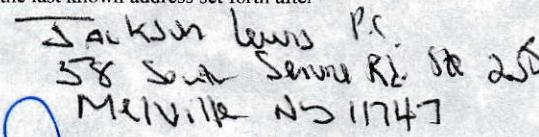
On 1/19/18  I served the within verified Answer  
 service by mail by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within the New York State addressed to

Personal service on  
an individualby delivering a true copy of each personally to each person named below at the address indicated. I know each person served to be the person mentioned and described in said papers *as a party therein*.Service by  
electronic  
meansby transmitting a copy to the following persons by FAX at the telephone number set forth after each name belowOvernight  
Delivery  
ServiceE-Mail address set forth after each name below, which was designated by the attorney for such purpose,

and by by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within the New York State to the address set forth after each name.

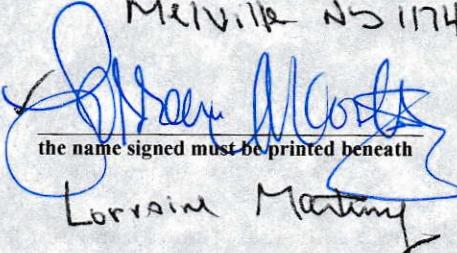
by dispatching a copy by overnight delivery to each of the following persons at the last known address set forth after each name below.

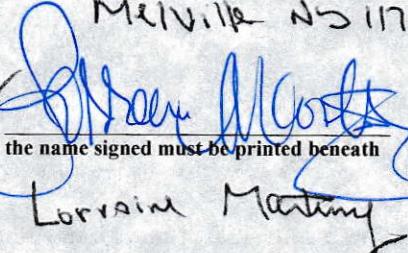
  
 Michael Faillace & Associates P.C.  
 60 E. 42 Street, Ste. 450  
 NY 10017

  
 Jackson Lewis P.C.  
 58 South Service Rd. Ste 250  
 Melville NY 11747

Sworn to before me on  
 the 19 day of January, 2018

Affirm on the  
 day of 2017

Joseph A. Altman  
 Notary Public, State of New York  
 No. 4805116Qualified in Westchester County  
 Certificate Filed in Bronx County  
 Commission Expires July 31, 2018  
 the name signed must be printed beneath

  
 Lorraine Martinez